

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra R. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000000898 (3)**  
1. Corporation Name  
**BAY POINT WEST PROPERTY OWNER'S ORGANIZATION, IN C.**



Principal Place of Business <b>100 DELLWOOD BEACH RD PANAMA CITY BEACH FL 32408</b>	Mailing Address <b>100 DELLWOOD BEACH RD PANAMA CITY BEACH FL 32408</b>
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3. Date Incorporated or Qualified <b>02/13/1997</b>	
4. FEI Number <b>59-2997526</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address <b>PO Box 28441</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State <b>Panama City, FL</b>
23 Zip	28 Zip <b>32411</b>
24 Country	29 Country <b>Box</b>

9. Name and Address of Current Registered Agent  
**CHIPMAN, MS  
100 DELLWOOD BEACH RD  
PANAMA CITY BEACH FL 32408**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, LILLIAN</b>	1.2 NAME	
STREET ADDRESS	<b>100 DELLWOOD BEACH RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President - Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASQUALE, BOB</b>	2.2 NAME	<b>Pasquale, Bob</b>
STREET ADDRESS	<b>100 DELLWOOD BEACH RD</b>	2.3 STREET ADDRESS	<b>254 Marlin Circle</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	2.4 CITY-ST-ZIP	<b>Panama City, FL 32411</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATTS, JOYCE</b>	3.2 NAME	<b>Miller, Ann</b>
STREET ADDRESS	<b>100 DELLWOOD BEACH RD</b>	3.3 STREET ADDRESS	<b>459 Wahoo Road</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	3.4 CITY-ST-ZIP	<b>Panama City, FL 32411</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer - Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUSSELMAN, SANDRA</b>	4.2 NAME	<b>Fusselman, Sandra</b>
STREET ADDRESS	<b>100 DELLWOOD BEACH RD</b>	4.3 STREET ADDRESS	<b>316 Wahoo Road</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	4.4 CITY-ST-ZIP	<b>Panama City, FL 32411</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Spinner, Ernest Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHALEN, DAVE</b>	5.2 NAME	<b>393 Wahoo Road</b>
STREET ADDRESS	<b>100 DELLWOOD BEACH RD</b>	5.3 STREET ADDRESS	<b>Panama City, FL 32411</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Pasquale **Bob Pasquale, President**  
27/18/98 850 234-2727

CFR2E037 (10/97)